## Family Care Coordinator Forms Guide October 2008

Form Name	Form #	Purpose	Time Frame		
Choice of Providers	WP-10	Documents youth/family choice of waiver providers and Family Care Team members. Identifies date of FCC selection so provider can be reimbursed for work done prior to initial ISP implementation.	Send to Waiver Program upon completion of form.		
		Make a copy of the completed/signed form for file before sending to Waiver Program.			
Forms needed in preparation for INITIAL ISP Meeting					
Family Assessment	FCC-4	Strengths-based information gathering tool to identify natural family supports and areas where the family desires help for their child.	At least 5 days before ISP meeting date.		
Youth Health/Safety Review	FCC-5	Strengths based information gathering tool to identify areas of health/safety concerns	At least 5 days before ISP meeting date.		
Individual Service Plan/Budget Worksheet	FCC-8	OPTIONAL – can be used to summarize assessments received, needs identified and recommendations to help prioritize the focus of the ISP and ensure that identified issues are addressed or explained.	Five days before ISP meeting after all assessment reports have been received.		
		Individual Service Plan Forms			
Initial Individual Service Plan/Budget	WP-1	<ul> <li>First waiver service plan document.</li> <li>Identifies youth and family vision, strengths, preferences, and goals.</li> <li>Provides opportunity to review assessment reports findings to ensure that findings (needs/recommendations) are reflected in the plan goals, services, and supports.</li> <li>Facilitates the establishment of meaningful goals for the first 3 months of waiver services.</li> <li>Facilitates the design of individualized supports and services that address the identified needs and build on youth and family strengths.</li> <li>Achieve agreement and understanding about who is responsible for identified tasks, within what timeframes,</li> </ul>	Completed ISP document should be submitted to the Waiver Program within 14 days of the identified plan start date.  Corrections requested to the plan must be submitted to the Waiver Program at least 1 day prior to the plan start date.		

		and the duration and frequency of services.	
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Quarterly Individual Service Plan/Budget  No new WP-1 is completed – the initial ISP approved by the Waiver Program is saved as a quarterly ISP with changes and updates provided to the original document.	WP-1	<ul> <li>Evaluate the current plan to identify which services and supports continue to focus on youth/family's strengths, preferences and promote their continued efforts toward success.</li> <li>Facilitate the establishment of meaningful goals for the next 3 month period.</li> <li>Facilitate discussion to design or re-design supports and services to build on youth/family strengths and successes from the previous plan.</li> <li>Begin discussion and focus efforts on transition planning.</li> <li>Achieve agreement and understanding about who is responsible for identified tasks, within what timeframes,</li> </ul>	Must ensure no gaps in services – the next day from the end date of the previous plan should be the start date for the new plan.  Must also following and account for the following timelines:  14 day review/approval of plan by Waiver Program.  1 day for plan corrections
ISP Behavior Support Plan	FCT - 6	and the duration and frequency of services.  May be required depending on ISP (determined by the individual needs of the participant)	<ul><li>1 day for plan corrections</li><li>Will be part of the ISP</li></ul>
Exceptional Service Plan Requests	WP-4	Required for any ISP (Initial or Quarterly) with a budget amount of more than \$7,000 to:  Identify and explain needed service  Document options and supports considered and/or tried Identify and explain need as short term or long term  Identify and document plan priorities to demonstrate service needs.  Develop and implement a monitoring plan to evaluate services requested to ensure they are meeting the needs of the youth/family.	Incorporated into the ISP meeting and submitted to the Waiver Program with the ISP OR Submitted as part of an ISP Service Plan Modification
Form needed	to Review	Plan before submitting to Waiver Program for Approval	
ISP Review Criteria Worksheet	FCC-16	<ul> <li>Provide opportunity for Family Care Coordinator to review plan for completeness prior to submitting for approval.</li> <li>Decrease the number of possible corrections that may be requested as part of the Waiver Program's review and approval process.</li> <li>THIS FORM WILL BE USED BY THE WAIVER PROGRAM MANAGEMENT TEAM TO REVIEW THE ISP</li> </ul>	Within 14 days of the identified plan start date.  Corrections identified and requested by the Waiver Program must be submitted to the Waiver Program at least 1 day prior to the plan start date.

Form Name	Form #	Purpose	Time Frame			
Forms completed Monthly/Following Work with or on behalf of Youth/Family						
Family Care Team Monthly Service Plan Review	FCC-1	Review of monthly progress completed through a meeting of the Family Care Team or through submission of status reports from service providers or a combination of either or both – driven by current issues and the needs for involvement and/or discussions by the youth/family and Team.	By the last day of the month for months when no Quarterly ISP is developed.  Submit copy of report to Waiver Program by the 10 <sup>th</sup> day of the next calendar month.			
Family Care Coordinator Progress Notes	FCT-3	<b>OPTIONAL</b> – can be used to document work done with or on behalf of youth and family (following the service definition and guidelines for billable waiver functions).	As soon as possible after task is completed.			
Fo	rms need	led to facilitate/document Required Training				
Training re: Protection from Abuse, Neglect, and Exploitation Training Guides: Young children Pre-teens Adolescents	FCC-12 FCC-13 FCC-14	Resource to facilitate the identified required training of the youth and involved family member relating to protections from abuse, neglect, and exploitation.  Contact information of available resources/supports.	Within first three months of waiver services.			
Documentation of Training form	FCC-15	Form to document this training requirement.	Upon completion of training			
5	Forms	s to Facilitate Ongoing Waiver Services				
Family Care Team Meeting Minutes	FCC-9	Document discussions, actions to be taken, and follow-up to be done relating to a youth/family issue.	During the meeting or as soon as possible after the meeting has ended.			
Service Plan Modification form	FCC-2	Document changes/modifications to the current Individual Service Plan. Waiver procedure has identified required plan modification criteria.	At least 1 day prior to the modification start date for changes in service providers, or service units.			
Pre-Approval for Modification to Service Plan	FCC-3	Documents specific plan modifications to change service providers and modify identified service units.	At least 1 day prior to the modification start date for changes in service providers, or service units.			
Psychotropic Medication Consent form	FCC-6	Facilitate information sharing and document youth/family informed consent for psychotropic medications prescribed while receiving waiver services.	PRIOR TO implementation of medication treatment.			
		Required for each psychotropic medication being used. Is valid for as long as the medication is in use.				

Form Name	Form #	Purpose	Time Frame		
Out of Home Status Report	FCC-11	Acts as a Quarterly Individual Service Plan to document youth progress/status while receiving services in an out of home care facility.	Follows same procedures, timelines, and routine as the Quarterly Individual Service Plan.		
Form needed for Waiver Discharge					
Discharge Plan	FCC-10	Used to document transition plans in place prior to waiver discharge.	Within 10 days of official discharge date.		